

8/9/4

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09889624	FILING DATE
						APPLICANT(S) <i>Kotwal</i>	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	51	
2	/	/	/	/	/	52	
3	/	/	/	/	/	53	
4	/	/	/	/	/	54	
5	/	/	/	/	/	55	
6	/	/	/	/	/	56	
7	/	/	/	/	/	57	
8	/	/	/	/	/	58	
9	/	/	/	/	/	59	
10	/	/	/	/	/	60	
11	/	/	/	/	/	61	
12	/	/	/	/	/	62	
13	/	/	/	/	/	63	
14	/	/	/	/	/	64	
15	/	/	/	/	/	65	
16	/	/	/	/	/	66	
17	/	/	/	/	/	67	
18	/	/	/	/	/	68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32							
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	3	1	2	1	1	TOTAL IND.	
TOTAL DEP.	15	10	12	10	10	TOTAL DEP.	
TOTAL CLAIMS	8	12	12	12	12	TOTAL CLAIMS	